

# SUMMARY FORM

## COLLECTIVE BARGAINING AGREEMENT PUBLIC SECTOR / NON-POLICE & NON-FIRE

### Section I: Agreement Details

Public Employer: BLOOMFIELD BOARD OF EDUCATION County: ESSEX  
 Employee Organization: SUPERSTARS ASSOCIATION Employees in Unit: \_\_\_\_\_  
 Base Year Contract Term: \_\_\_\_\_ New Contract Term: 7/1/11-6/30/14  
 Type of Settlement: ☐ Mediated Settlement ☐ Fact-Finder Recommendation ☒ Voluntary Settlement ☐ Super Conciliation

|  |           | Column A<br>Base Year - Total Costs<br>(Last Year of Previous agreement) | Column B<br>New Base Year - Total Costs<br>(First Year of Successor agreement) |
|--|-----------|--|--|
| <b>Section II: Economic</b>                                  |           |  |  |
| Item 1 .....   | Salary    | <u>910,478</u>   | <u>954,183</u>   |
| Item 2 .....   | Increment | <u>INCL.</u>   | <u>INCL.</u>   |
| Item 3 .....   | Longevity | <u>954,183</u>   | <u>999,985</u>   |
| Item 4 .....   |           | <u>INCL.</u>   | <u>INCL.</u>   |
| Item 5 .....   |           | <u>999,985</u>   | <u>1,048,985</u>   |
| Item 6 .....   |           | <u>INCL.</u>   | <u>INCL.</u>   |
| Item 7 .....   |           | <u>1,048,985</u>   |  |
| Item 8 .....   |           | <u>INCL.</u>   |  |
| Item 9 .....   |           |  |  |
| Item 10 .....  |           |  |  |
| Item 11 .....  |           |  |  |
| Item 12 .....  |           |  |  |
| Any additional items list on separate sheet Additional Items |           |  |  |
| <b>Section III: Totals - Sum of costs in each column</b>     |           | <u>2,864,646</u><br>(Total)  | <u>3,003,153</u><br>(Total)  |

### Section IV: Analysis of new successor agreement

### NEW AGREEMENT ANALYSIS

Total Base Year (previous agreement) 7/1/11

#### Effective Date (m/d/yyyy)

|   |                |                |                  |  |  |
|---|----------------|----------------|------------------|--|--|
| Percent Increase .....                        | <u>1.5%</u>    | <u>1.5%</u>    | <u>1.5%</u>      |  |  |
| Total cost of increase .....                  | <u>43,705</u>  | <u>45,800</u>  | <u>49,000</u>    |  |  |
| Total base salary (successor agreement) ..... | <u>954,183</u> | <u>999,985</u> | <u>1,048,985</u> |  |  |

### Section V: Impact of Settlement - average annual increase over term of agreement

Percentage Impact (average per year over term of agreement) 4.5  
 Dollar Impact (average per year over term of agreement) 1,001,051

### Section VI

(Health Insurance Analysis costs are included on each list)

|                              | Base Year      | Year 1         |                |  |  |
|------------------------------|----------------|----------------|----------------|--|--|
| Cost of Health Plan .....    | <u>180,000</u> | <u>185,000</u> | <u>190,000</u> |  |  |
| Employee Contributions ..... | <u>0</u>       | <u>0</u>       | <u>0</u>       |  |  |
| Prescription .....           | <u>7,000</u>   | <u>8,500</u>   | <u>9,500</u>   |  |  |
| Dental .....                 | <u>4,800</u>   | <u>5,100</u>   | <u>5,300</u>   |  |  |
| Vision .....                 | <u>INCL.</u>   | <u>INCL.</u>   | <u>INCL.</u>   |  |  |

The undersigned certifies that the foregoing figures are true and is aware that if any of the foregoing items are false, s/he is subject to punishment.

### Section VII

Prepared by: MICHAEL PERDUE Title: BA/RS  
 Signature: [Signature] Date: 6/14/12